



WRHA Critical Care Program

Admitting Orders for  
Intensive Care Unit (ICU) Patients

These orders are to be used as a guideline to support clinical judgement and professional practice standards. Drug allergies and contraindications must be considered when initiating these orders. See reverse for important considerations.

■ Orders are automatically activated. If not in agreement, cross out and initial. □ Orders are activated if checked.

Allergies:

MEDICATION ORDERS

IV Solutions

- Rate: \_\_\_\_\_ mL/hr with solution:
- Normal Saline □ D5W½NS □ Ringer's Lactate
- Other: \_\_\_\_\_

Venous Thromboembolism (VTE) Prophylaxis

All Critical care patients should be considered for VTE prophylaxis

- Dalteparin
- 5000 Units subcut daily (usual dose)
- 2500 Units subcut daily (if body weight less than 40 kg)
- 7500 Units subcut daily (if BMI greater than 40 kg/m²)
- Heparin (if CrCl less than 10 mL/min and on dialysis)
- 5000 Units subcut q12h
- 5000 Units subcut q8h
- Sequential Compression Device
- No VTE prophylaxis - Reason: \_\_\_\_\_

Medications for Constipation and Nausea

- Docusate Sodium 100 mg PO/NG/OG q12h (hold if diarrhea present)
- Sennosides a and b 8.6 to 17.2 mg PO/NG/OG daily as needed for Constipation
- Glycerin (adult strength) supp 1 PR daily as needed for Constipation
- Bisacodyl supp 10 mg PR daily as needed for Constipation
- Metoclopramide \_\_\_\_\_ mg IV every \_\_\_\_\_ hours as needed for nausea (usual dose 10 mg every 6 hours in normal renal function)

Medications for Analgesia and Sleep

- Acetaminophen \_\_\_\_\_ mg (usual dose 325 - 975 mg)  
PO/NG/OG/PR every 4 hours as needed for pain or fever  
(maximum of 4 g/day from all sources)
- FentaNYL \_\_\_\_\_ mcg IV q 10 minutes as needed for goal pain score (suggested dose: 12.5 - 50 mcg)
- HydroMORPHONE \_\_\_\_\_ mg IV q 15 minutes as needed for goal pain score (suggested dose: 0.25 - 2 mg)
- Zopiclone \_\_\_\_\_ mg PO/NG/OG at bedtime as needed for sleep (Suggested dose: 7.5 - 15 mg, Use lower doses in the elderly, Caution using if CAM-ICU positive)

GENERAL ORDERS

Admit to ICU under Dr. \_\_\_\_\_

Diagnosis: \_\_\_\_\_

- Advance Care Plan Form Completed;  
Advance Care Plan Status: □ Resuscitation □ Medical Care
- Admission Medication Reconciliation Order form Completed

Nursing Care and Monitoring Orders

- Document Height \_\_\_\_\_ and Weight \_\_\_\_\_ on admission
- Weigh daily
- Continuously monitor ECG, respiratory rate and oxygen saturation.  
Record vital signs a minimum of q1h.
- Document pain score q4h and as needed  
Target Pain Score: \_\_\_\_\_ (suggested less than 3)
- Document Confusion Assessment Method - ICU  
(CAM-ICU) assessment q12h and as needed (goal - negative)  
(If CAM positive consider activating WRHA Critical Care Delirium Order Set)
- Braden Score completed on admission and weekly
- Insert foley with urometer; hourly intake and output
- Capillary blood glucose q6h for 48 hours then reassess.  
Goal glucose \_\_\_\_\_

Nutritional Therapy

All patients should have nutrition assessed within 24 hours of ICU admission

- Diet Order \_\_\_\_\_
- Dietitian consult

Activity Orders

Unless contraindications exist, all patients should be mobilized as per WRHA Mobility Protocol

- Follow WRHA Mobility Protocol (Criteria on reverse)
- Do not Follow WRHA Mobility Protocol  
Reason: \_\_\_\_\_
- Activity as Tolerated or □ Activity Restrictions: \_\_\_\_\_
- Physiotherapy Consult

Oxygen Therapy

- Oxygen Titrate to O<sub>2</sub> Sats greater than or equal to \_\_\_\_\_ %
- BiPAP Settings \_\_\_\_\_
- Activate Ventilator Order Set

Physician Signature \_\_\_\_\_

RN Initial \_\_\_\_\_

Print Name \_\_\_\_\_

Transcriber Initial \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
D D M M Y Y Y Y 24 HOUR

□ ORDERS FAXED TO PHARMACY

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_  
D D M M Y Y Y Y 24 HOUR